

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000060395

Entity Name: VICTORIOUS LOSER LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

522 S. HUNT CLUB BLVD.  
# 527  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

522 S. HUNT CLUB BLVD.  
# 527  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 27-2701452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

URIARTE, LOIS A  
522 S. HUNT CLUB BLVD  
# 527  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: URIARTE, LOIS A  
Address: 522 S. HUNT CLUB BLVD # 527  
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM  
Name: WILLSON, ALISON L  
Address: 5482 E. LUPINE AVE.  
City-St-Zip: SCOTTSDALE, AZ 85254 US

Title: MGRM  
Name: UNDERWOOD, LOLITA A  
Address: 648 AIRMONT AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: L ALAYNA URIARTE

MGRM

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date